



VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 20, 2015

Ms. Brenda Scalabrini, Manager
Lincoln House
120 Hill Street
Barre, VT 05641-3915

Dear Ms. Scalabrini:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 2, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



NOV 19 2015

PRINTED: 11/10/2015
FORM APPROVED

Division of Licensing and Protection

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|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 11/02/2015 |
| NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE | | STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| R100 | Initial Comments: An unannounced onsite investigation of one self report and one complaint was completed by the Division of Licensing and Protection on 11/2/15. Based on information gathered, the following regulatory violations were found: | R100 | Please see attached plans of correction. | |
| R179 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the | R179 | | |

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6889

Z5LN11

If continuation sheet 1 of 4

R179-R213 POCs accepted 11/19/15 JH/mar/RN/pme

Division of Licensing and Protection

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| R179 | Continued From page 1 home failed to assure that employee "A" completed competency training of at least 12 hours in the past year, including the 7 mandatory topics. Findings include: During record review and interview of the home's Administrator on 11/2/15 at 10:15 AM, no evidence was provided to indicate that Employee "A" [who provides direct care to residents] had attended or received in the past year a total of at least 12 hours of training. Additionally, no evidence was provided to indicate that Employee "A" attended or received annual training in 7 of 7 mandatory topic areas: 1. Resident Rights; 2. Fire safety and emergency evacuation; 3. Resident emergency response procedures; 4. policies and procedures regarding mandatory reports of abuse, neglect, and exploitation; 5. Respectful and effective interaction with residents; 6. Infection control measures; 7. General supervision and care of residents. | R179 | | | |
| R180 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to maintain documentation of required competency training [per 5.11.b] for employee "A" for at least the past year. Findings | R180 | | | |

Division of Licensing and Protection

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| R180 | Continued From page 2 include: During record review and interview of the home's Administrator on 11/2/15 at 10:15 AM, no evidence was provided to indicate that Employee "A" [who provides direct care to residents] had attended or received in the past year a total of at least 12 hours of training. Additionally, no evidence was provided to indicate that Employee "A" attended or received annual training in 7 of 7 mandatory topic areas: 1. Resident Rights; 2. Fire safety and emergency evacuation; 3. Resident emergency response procedures; 4. policies and procedures regarding mandatory reports of abuse, neglect, and exploitation; 5. Respectful and effective interaction with residents; 6. Infection control measures; 7. General supervision and care of residents. | R180 | | |
| R213 SS=D | VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that Resident #1 (1 of 3 in sample) was treated with consideration, respect, and full recognition of the resident's dignity. Findings include: On 11/2/15 the home provided personnel evidence that Employee "A" had been dismissed on 10/30/15 related to allegations by family of | R213 | | |

Division of Licensing and Protection

STATE FORM

6899

Z5LN11

If continuation sheet 3 of 4

Division of Licensing and Protection

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| R213 | Continued From page 3 verbal comments made during care given to Resident #1 on the night shift 10/20-21/15. The home provided a written transcript of audio recording in the room of Resident #1 on the night shift 10/20-21/15 which contained comments such as, "Aaaargh", "pull up your own brief", and "what can I do to break you". Employee "A" was the only staff on duty at the time, per records provided by the home, and Administrator interview at 10:30 AM on 11/2/15. At 2:50 PM the Registered Nurse confirmed that Employee "A" had admitted to getting frustrated with Resident #1 on the night shift of 10/20-21/15 when the resident repeatedly called out and paged through the night. | R213 | | | |
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R 179 V. RESIDENT CARE AND HOME SERVICES

SS-D 5.11 Staff Services

5.11 b. The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:

- (1) Resident Rights
- (2) Fire safety and emergency evacuation
- (3) Resident emergency response procedures, such as Heimlich maneuver, accidents, police or ambulance contact and first aid.
- (4) Policies and procedures regarding mandatory reports for abuse, neglect and exploitation.
- (5) Respectful and effective interaction with residents
- (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions
- (7) General supervision and care of residents.

- **Develop a Policy in reference to staff attending (12) twelve hours of training**
- **Implement a Process for staff that DO not meet this requirement.**
- **Administrator and RN will be responsible for monitoring the compliance of this Policy for In-Services. In addition administrator and RN will be responsible for intervention and/or corrective action with staff when this requirement is not met**
- **This process will be implemented immediately 11-16-2015 Expectation will be 100% compliance with this requirement. .**

See Attached Protocol /Policy for Mandatory In-Services at Lincoln House.

R 180 V RESIDENT CARE AND HOME SERVICES

SS-D 5.11 Staff Services

5.11 c All training to meet requirements of 5.11 b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training

- **Develop a Policy in reference to staff attending (12) twelve hours of training**
- **Accurate records for each and every staff member to ensure compliance.**
- **Individual and Facility records will be kept for documentation**
- **Implementation of a process for staff that do not meet this requirement.**
- **Administrator and RN will be responsible for monitoring the compliance of this Policy for In-Services.**
- **In addition administrator and RN will be responsible for intervention and/or corrective action with staff when this requirement is not met.**

- This process will be implemented immediately 11-16-2015. Expectation will be 100% compliance with this requirement

R 213 VI RESIDENT RIGHTS

SS-D

6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality and privacy. A home may not ask a resident to waive the resident's rights.

- In-service to review and discuss Resident's rights
- In-service to explore Compassion Fatigue and discuss methods to maintain a professional interactions.
- The In-services will be done by 12-30-2015
- Administrator and RN will be responsible for ensuring the completion of the In-service to all Personal Care Attendants (PCA's) at Lincoln House.
- Staff that are unable to comply with this expectation will have corrective action or termination of employment depending on the incident.
- Implantation is immediate and the completion date is by 12-30-2105 , these In-services will be offered to all new employee's during orientation and on an yearly basis